

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/577932

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		1		1
4		0		1		1
5		0		1		1
6		0		2		2
7		0		1		1
8		0		1		1
9		0		1		1
10		0		1		1
11	1		1		1	
12		1		1		1
13		2		1		1
14		0		1		1
15		0		1		1
16		0		1		1
17		0		1		1
18		0		1		1
19		0		1		1
20		0		1		1
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TOTAL IND.	2	↓	2	↓	2	↓
TOTAL DEP.	11	←	11	←	21	←
TOTAL CLAIMS	23		23		23	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						